

Exhibit 1

UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL RESEARCH SERVICE

OMB Approved 0518-0025
Expires 10/00

FOR ARS USE ONLY
ARS AGREEMENT NO. PROPOSAL CODE

APPLICATION FOR FUNDING

1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE		3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE		4.a. PHONE NUMBER (w/ Area Code)	
				b. FAX NUMBER	
2. ADDRESS (Give complete mailing address and Zip Code-including City and State)		5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (If different from Item 2)			
6. TITLE OF PROPOSED PROJECT					
7. PROGRAM TO WHICH YOU ARE APPLYING (Refer to Federal Register Announcement where applicable)					
8. PROGRAM AREA AND NUMBER (Refer to Federal Register Announcement where applicable)					
9. IRS NO.		10. CONGRESSIONAL DISTRICT NO.		11. PERIOD OF PROPOSED PROJECT DATE	
				From: Through:	
13. TYPE OF REQUEST (Check only one)				14. FUNDS REQUESTED (From Form ARS-411)	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission					
<input type="checkbox"/> Continuing Increment <input type="checkbox"/> PI Transfer [PRIOR USDA Award No. _____]					
15. PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S)			16. a. PI/PD #1 PHONE NUMBER (w/ Area Code)		
a. PI/PD #1 Name (First, Middle, Last) SS #* (Correspondent PI)			b. FAX NUMBER		
b. PI/PD #2 Name (First, Middle, Last) SS #*			17. PI/PD #1 BUSINESS ADDRESS (Including Department/Zip Code)		
c. PI/PD #3 Name (First, Middle, Last) SS #*					
*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the ARS Information system and will assist in the processing of the proposal.					
18. TYPE OF PERFORMING ORGANIZATION (Check one only)			19. WILL THE WORK IN THIS PROJECT INVOLVE RECOMBINANT DNA?		
01 <input type="checkbox"/> USDA/RE&E Laboratory			<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form ARS-411)		
02 <input type="checkbox"/> Other Federal Research Agency					
03 <input type="checkbox"/> State Agricultural Experiment Station (SAES)			20. WILL THE WORK IN THIS PROJECT INVOLVE LIVING VERTEBRATE ANIMALS?		
04 <input type="checkbox"/> Land-Grant University of 1862			<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form ARS-411)		
05 <input type="checkbox"/> Land-Grant University of 1890 or Tuskegee Univ.					
06 <input type="checkbox"/> Private University or College			21. WILL THE WORK IN THIS PROJECT INVOLVE HUMAN SUBJECTS?		
07 <input type="checkbox"/> Public University or College (Non Land-Grant)			<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form ARS-411)		
08 <input type="checkbox"/> Private Profit-making					
09 <input type="checkbox"/> Private Non-profit			22. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?		
10 <input type="checkbox"/> State or Local Government			<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s))		
11 <input type="checkbox"/> Veterinary School or College					
12 <input type="checkbox"/> Cooperative Extension Service					
13 <input type="checkbox"/> Small Business					
14 <input type="checkbox"/> Minority Owned Business					
15 <input type="checkbox"/> Female Owned Business					
16 <input type="checkbox"/> Individual					
17 <input type="checkbox"/> Other (specify)					
SIGNATURE OF PRINCIPAL INVESTIGATOR(S)/PROJECT DIRECTOR(S) (All PI's/PD's listed in block 15 must sign if they are to be included)				DATE	
SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as Item 3)			TITLE		DATE